Expiration 08/31/2013

**U.S. Administration on Aging** 

Health Care Fraud Prevention Program Expansion and SMP Capacity Building Grants

Program Announcement and Grant Application Instructions

U.S. Administration on Aging FY 2011

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#### **Department of Health and Human Services (HHS)**

**Administration on Aging (AoA)** 

**AoA Center:** Center for Program Operations; Office of Elder Rights

Funding Opportunity Title: Health Care Fraud Program Expansion and SMP Capacity

**Building Grants** 

**Announcement Type:** Initial

Funding Opportunity Number: HHS-2011-AoA-MP-1112

Catalog of Federal Domestic Assistance (CFDA) Number: 93.048

#### **Key Dates:**

• The deadline date for submission of applications is 11:59 p.m., Eastern Time, on **July 18, 2011**.

- Applicants are requested, but not required, to email a brief letter of intent to apply by **June 30, 2011**.
- An informational teleconference will be held on Tuesday, **June 21, 2011**, from 2:00pm-3:30pm (ET). The call-in number is: 1-888-603-9634; the pass code is 24529#.

#### **Executive Summary:**

**Description**: With this Program Announcement, the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA) seek to expand the capacity of the Senior Medicare Patrol (SMP) program to reach more Medicare and Medicaid beneficiaries, their families and caregivers, with the message of fraud prevention and identification, with additional funding targeted to designated high fraud states. Within this Program Announcement, there are three (3) distinct funding opportunities being made available to the 54 current SMP project grantees. Funding levels and application requirements were determined based on data from the Centers for Medicare and Medicaid Services (CMS), who has identified 18 states with the highest incidences of health care fraud or at the greatest risk of fraud. Further, the HHS/DOJ Health Care Fraud Prevention and Enforcement Force Action Team (HEAT), has established Strike Force Units in nine (9) cities, which are targeted for additional intensified strategies to combat health care fraud.

This opportunity provides approximately \$9 million, dependent on the availability of funds, in increased funding for existing SMP grant projects. Increased funding will be used to allow specified high fraud states, states at greatest risk for health care fraud and abuse, and/or states where HHS/DOJ HEAT Strike Force Teams have been established to develop a variety of new strategies for collaboration, outreach, and referral. Additionally, increased funding will allow all current (incumbent) SMP grantees to expand their SMP program's capacity to reach more Medicare and Medicaid beneficiaries, their families and caregivers by: expanding and enhancing their project's volunteer work force; expanding SMP outreach and education to beneficiaries statewide; expanding grantee's ability to

manage beneficiary inquiries and complaints in a timely, professional manner; and improving and enhancing state-level SMP program and volunteer management.

#### I. FUNDING OPPORTUNITY DESCRIPTION

#### **Statutory Authority**

The statutory authority for grants under this Program Announcement is contained in HIPAA of 1996 (PL 104-191); (Catalog of Federal Domestic Assistance 93.048).

#### **Background**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established a national Health Care Fraud and Abuse Control Program (HCFAC), under the joint direction of the Attorney General and the Secretary of the Department of Health and Human Services (HHS), acting through the Department's Inspector General (HHS/OIG), designed to coordinate federal, state and local law enforcement activities with respect to health care fraud and abuse. In its thirteenth year of operation, the Program's continued success again confirmed the soundness of a collaborative approach to identify and prosecute the most egregious instances of health care fraud, to prevent future fraud or abuse, and to protect program beneficiaries.

AoA has been a partner from the beginning in the Department's efforts to fight fraud, error and abuse in the Medicare and Medicaid programs. AoA provides funds to Senior Medicare Patrol (SMP) program grantees to support the training and mobilization of senior volunteers to provide consumer education to beneficiaries. Funding for the SMP program has remained level for almost 10 years. Each SMP grantee operates a state-wide program with maximum funding of \$180,000 per year.

Educating consumers to prevent health care fraud is the essence of the mission and message of AoA's Senior Medicare Patrol (SMP) program. The 54 SMP projects recruit and train retired senior volunteers to educate their peers about how to protect their Medicare numbers, examine their Medicare Summary Notices to detect discrepancies, and report suspicious activity when detected. The SMP Program seeks to empower seniors through increased awareness and understanding of health care programs to protect them from the economic and health-related consequences associated with Medicare and Medicaid fraud, error, and abuse.

SMP volunteers work in their communities to educate Medicare and Medicaid beneficiaries, family members, and caregivers about the importance of reviewing their Medicare notices to identify billing errors and potentially fraudulent activity. Program volunteers also encourage seniors to make inquiries to the SMP Program when such issues are identified, so that the project may ensure appropriate resolution or referral.

Since 1997, SMP projects have made great progress in recruiting and training retired professionals and other senior citizens on Medicare and Medicaid error, fraud and abuse. Based on the May 2011 OIG Performance Report, there were close to 5,000 active SMP volunteers in 2010. These volunteers work in their communities, senior centers and

elsewhere to educate Medicare and Medicaid beneficiaries, family members, and caregivers to actively protect themselves against fraudulent, wasteful and abusive health care practices by reviewing their Medicare benefit statements and reporting suspected errors.

SMP projects refer numerous beneficiary complaints to state and national fraud control or consumer protection entities, including Medicare contractors, state Medicaid fraud control units, state attorneys general, the OIG, and the CMS. SMP projects utilize the SMART FACTS management, tracking and reporting system to capture SMP program activity data, to include tracking and confidential reporting of beneficiary complaints, referrals, savings and other outcomes.

In May 2009, the President established a joint task force between the Department of Health and Human Services (HHS) and the Department of Justice (DOJ) to strike against fraud hot spots in targeted cities across the country and develop new policies and approaches to combat health care fraud. This joint initiative, the Health Care Fraud Prevention and Enforcement Action Team (HEAT), is an unprecedented partnership focused on analyzing trend data, coordinating strategies and developing new fraud prevention tools.

A central feature of the HEAT initiative is the use of Strike Force teams. Strike Forces are multi-agency units of Federal and State investigators, prosecutors, and analysts designed to identify, investigate, and prosecute Medicare fraud. Strike Forces combine sophisticated data analysis techniques and community policing approaches to identify fraud quickly and target enforcement resources effectively. Strike Force teams include DOJ prosecutors, HHS Office of the Inspector General (OIG) and the Federal Bureau of Investigation (FBI) investigators, and often local law enforcement, and these teams are supported by a Centers for Medicare and Medicaid Services (CMS) data analysis team and CMS program experts.

Since May 2009, this Administration has expanded Strike Force cities from two to nine locations. In addition to Miami and Los Angeles, Strike Force teams were launched in Houston and Detroit in May 2009 and then Brooklyn, Baton Rouge, and Tampa in December 2009. This year, two additional cities have been added to the HEAT Strike Force effort: Chicago, Illinois and Dallas, Texas.

With this Program Announcement, AoA has been allocated additional funds to: increase awareness of Medicare and Medicaid beneficiaries of health care fraud prevention, identification and reporting through expansion of SMP program capacity; and, develop new innovations in fraud control by expanding their work with law enforcement partners, CMS and other organizations with a proven track record of health care fraud prevention, with focused efforts in high fraud areas, particularly those states with HEAT Strike Forces. Further, since implementation of the Affordable Health Care Act, the new health care provisions of the law have been fertile ground for scam artists. Additional funding will enable new focused efforts to identify these new risks and will support building the capacity of the SMP program to address those risks with an expanded network of trained, professional volunteers.

With this Program Announcement, AoA will provide additional funding opportunities to all current (incumbent) SMP project grantees. Eighteen (18) SMP grantees, in states identified by CMS as high fraud states, will be required to develop new activities related to innovations in health care fraud prevention control; interface with CMS, CMS contractors, law enforcement and other state and partners; and develop, or implement, new public awareness strategies. In addition to the aforementioned requirements, seven (7) of the 18 states will be required to develop strategies for more direct and effective collaboration with HEAT Strike Force organizations in their states. Finally, all SMP applicants will be required to **expand the capacity** of their SMP project to recruit, train, manage, and support an increased number of SMP volunteers.

#### II. AWARD INFORMATION

Within this Program Announcement, there are three (3) funding opportunities, for which each current SMP grantee is listed only once. Please review the "Eligible Applicants" section in each of the three (3) funding opportunities to determine which opportunity you are eligible to apply for and how much funding you may request. Funding levels and application requirements were determined based on data from CMS, who has identified 18 states with the highest incidences of health care fraud or at the greatest risk of fraud. Further, additional funding is being made available to seven (7) of the 18 CMS-identified high fraud states to facilitate increased public awareness and media outreach, in partnership with HEAT Strike Force Units currently established in nine (9) cities for the purpose of intensifying strategies to combat health care fraud in the Strike Force Unit locations.

The following information provides an overview of each of the three (3) funding opportunities, including which states are eligible to apply for each funding opportunity, within this Program Announcement:

A. SMP High Fraud States with HEAT Joint Strike Forces – Health Care Fraud Prevention Program Expansion and SMP Capacity Building Grants Eligible Applicants: Only current SMP project grantees from CA, FL, IL, LA, MI, NY, and TX are eligible to apply under this funding opportunity. Funding Ceiling: \$350,000-\$400,000, subject to the availability of funds

## B. SMP High Fraud States – Health Care Fraud Prevention Program Expansion and Capacity Building Grants

Eligible Applicants: Only current SMP project grantees from AZ, MA, MD, NC, NJ, GA, NM, NV, OH, PA, and VA are eligible to apply for this funding opportunity. Funding Ceiling: \$270,000, subject to the availability of funds

#### C. SMP Capacity Building Grants

**Eligible Applicants:** Only current SMP project grantees from AK, AL, AR, CO, CT, DC, DE, Guam, HI, IA, ID, IN, KS, KY, ME, MN, MO, MS, MT, ND, NE, NJ, OK, OR, PR, RI, SC, SD, TN, UT, Virgin Islands, VT, WA, WI, WV, and WY are eligible to apply for this funding opportunity.

Funding Ceiling: \$20,000-\$150,000, subject to the availability of funds

**Grants:** Funds will be awarded as **new** cooperative agreements. The anticipated project start date is **September 30, 2011**.

#### **Cooperative Agreement – Terms and Conditions**

Regardless of the extent of the priorities required by funded applicants, all grant awards will be cooperative agreements. All awardees will adhere to the same terms and conditions of a new cooperative agreement, which is applicable to this funding opportunity and does not replace or supersede the cooperative agreement under which current (incumbent) projects operate.

AoA will be substantially involved in the grantee's activities by reviewing technical assistance products and participating in planning and training activities, which will be determined by the project's expansion and capacity building efforts detailed in the approved application.

The terms and conditions for this cooperative agreement are as follows and will be incorporated by reference in the Notice of Award (NoA).

The **AoA** will carry out the following activities for the cooperative agreement, as follows:

- AoA Project Officer will perform the day-to-day Federal responsibilities of managing a grant initiative and will work with the grantee to ensure that the minimum requirements for the grant are met.
- AoA will assist the grantee project leadership in understanding the policy concerns and/or priorities of AoA by conducting periodic briefings and by carrying out ongoing consultations.
- AoA and the grantee will work cooperatively to clarify the programmatic and budgetary issues to be addressed by the project. Based on these negotiations, if necessary, the grantee will revise the project work plan detailing expectations for major activities and products during the 12 month grant period.
- Provide technical advice to the grantee on the provision of technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.
- Review and provide technical advice on grantee work products.
- Provide consultation to the grantee in identifying emerging issues as they relate to the goals and objectives of this grant program.
- AoA will work with the grantee on the development and implementation of evaluation and quality assurance systems to ensure that performance is measured and continuous improvement occurs.
- Attend and participate in major project events as appropriate.

The **Grantee** will execute the responsibilities of the cooperative agreement as listed below:

- Collaborate with the AoA in the modification and execution of the work plan, initially within 45 days of the award.
- Fulfill all of the requirements of the grant initiative as detailed in this program announcement including:

- Expand the organizational capacity of the SMP project to recruit, train, support, and manage a significant increase in the number of SMP volunteers.
- o Involve partners identified in the grantee application in appropriate key activities and areas of this expansion.
- o Expand program coverage and regular outreach to all localities in the state through the use of the expanded volunteer workforce.
- o Strengthen targeted outreach to beneficiaries considered at greatest risk from fraud.
- Raise public awareness of the types and incidence of, as well as the prevention of, health care fraud, error and abuse through innovative media approaches.
- Evaluate the impact of overall project activities and ensure quality assurance systems are in place.
- Share information with AoA, the SMP Technical Resource Center, the Aging Network, national, state and local partner organizations, and other entities as appropriate.
- Report indicators of expanded performance (volunteer involvement, beneficiaries educated, simple inquiries and complex issues addressed, and dollar amount of issues referred for further action) in SMART FACTS.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by AoA or the awardee at any time. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where AoA is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments.

# III. SMP HIGH FRAUD STATES with HEAT JOINT STRIKE FORCES: HEALTH CARE FRAUD PREVENTION PROGRAM EXPANSION and SMP CAPACITY BUILDING GRANTS

#### A. Eligible Applicants

Award Type: Cooperative Agreement

Award Ceiling: Group 1 \$400,000

Eligible States: California, Florida, New York, Texas

Award Ceiling: Group 2 \$350,000

Eligible States: Illinois, Michigan, Louisiana

Estimated Number of Awards: 7

Projected Start Date: September 30, 2011

Estimated Length of Project: One year Cost Sharing/Matching: none (0%)

This is a limited competition open to the above listed seven (7) current SMP grantees. These seven (7) states have been identified by CMS as states with the highest incidences of health care fraud and/or at greatest risk of health care fraud. Additionally, nine (9) joint HHS/DoJ HEAT Strike Force Teams are located in the following cities within these states:

- Los Angeles, CA
- Miami and Tampa, FL
- Brooklyn, NY
- Houston and Dallas, TX
- Chicago, IL
- Detroit, MI
- Baton Rouge, LA

#### **B.** Funding Opportunity Description

#### **Background**

The HEAT task force has identified geographic areas most vulnerable to Medicare and Medicaid fraud. There is a need to expand the capacity of SMP projects in those areas to reach larger numbers of Medicare beneficiaries, their caregivers and family members with the SMP message of fraud prevention. The goal of this announcement is to enhance SMP efforts to reach beneficiary populations in the geographical locations of the Medicare Strike Forces in collaboration with law enforcement, and other partners such as CMS, community organizations, etc.

#### **Purpose and Objectives**

#### **Targeted Requirements for HEAT/High Fraud States**

States eligible for this funding opportunity are required to develop innovative, new and targeted strategies for expanding awareness of health care fraud and enhancing the role of the SMP as a working partner in HEAT Strike Force operations. Specifically, grantees are expected to develop proposals for:

- new activities related to innovations in health care fraud control outreach and education;
- more direct and effective collaboration with Strike Force organizations in HEAT cities;
- enhanced interface with CMS and CMS contractors; and
- new health care fraud media/public awareness strategies.

#### 1. Innovations in outreach and education to beneficiaries statewide:

- Expand SMP program outreach and education with special focus in the Strike Force geographical areas. Targeted outreach activities should be developed to address:
  - vulnerable, at-risk beneficiaries and
  - high incidence types of health care fraud (such as DME, home health care, etc.).
- Expand consumer outreach efforts targeting limited English-speaking populations, to include increased media outreach, PSAs and development of multi-cultural materials.

#### 2. Collaboration with HEAT Strike Force organizations

- Improve coordination of SMP program activities with HEAT partner agencies in the high fraud areas (such as—referrals, communications, publicity).
- Develop collaborative strategies with local law enforcement, and other federal and state partners to prevent and respond to identified patterns of fraud
- Expand the reach of the HEAT Strike Forces, by sharing information about their efforts within state and local agencies, non-profit organizations and faithbased groups. Develop collaborations with these groups to expand outreach about health care fraud and Strike Force activities. Examples of potential collaborators include:
  - AARP.
  - Area Agencies on Aging (AAAs),
  - Retired Teachers Association,
  - TRIADs and other local law enforcement.
  - senior housing service coordinators,
  - civic groups,
  - church groups, and

- Retired and Senior Volunteer Programs (RSVP).
- 3. Enhanced interface with OIG, CMS and CMS contractors
  - Develop strategies for improved coordination of SMP program activities with Regional OIG and CMS organizations, to include:
    - proactive identification of and response to local/regional fraud trends;
    - media relations/public awareness;
    - community events and outreach to beneficiaries;
    - targeting hard to reach, vulnerable populations with fraud prevention messages; and
    - beneficiary complaint research, investigations and referrals.
  - Develop enhanced coordination and interface protocols with CMS contractors, including ZPICs, MEDICs, PSCs and MACs to ensure effective communications on issues involving potential fraud, effective referrals, and other useful exchange of information on fraud trends, practices, or beneficiary issues.
- 4. New media/public awareness activities

Grantees under this funding opportunity will be expected to support an expanded SMP public education and outreach campaign, focused on the HEAT Strike Force areas, including:

- Use of PSAs and media tools, provided by AoA in conjunction with the SMP Media Campaign launched in March 2011, to get the word out about health care fraud and SMP programs.
- Work with local partners and the media to widely disseminate information on health care fraud and the SMP program.

## The following grantee activities are essential in promoting and gauging the campaign's success:

- 1. Call volume data collection. Grantees will be expected to provide baseline and activity data to help measure the success of the initiative. *Baseline data* should be included with the grant proposal (application). Data should be provided by month for the six month period beginning October 1, 2010 through March 31, 2011. Performance measures will include:
  - The number of calls (inquiries) received by the SMP project
  - The number of individuals who inquire about becoming an SMP volunteer
  - The number of volunteers who sign up to become an SMP volunteer

- The total number of volunteer hours logged
- 2. **Media follow-up.** Grantees will be expected to support the initiative by encouraging stations to air PSAs and otherwise promote the message of health care fraud prevention, detection and reporting. Grantees will also be expected to track self-reporting data from stations for those PSAs they provide (those placed by the contractor will be tracked separately) including number of campaign spots aired, and approximate air times, if possible. Description of other innovative media approaches, activities should also be reported.
- 3. **Supplemental information.** Grantees will be required to make supplemental information available to the public. As part of the media campaign toolkit, grantees were provided with templates for outreach materials (such as fact sheets, flyers, posters), which they can customize with their own contact information and region-specific data. Grantees will be responsible for printing and distributing the materials within their local communities. Materials developed for this campaign such as videos or PDF downloads should be made available on grantee Web sites.
- 4. **Links to campaign micro site.** Grantees will be responsible for linking to the campaign website at <a href="http://www.stopmedicarefraud.gov">http://www.stopmedicarefraud.gov</a> containing additional supplemental public awareness information.

Information materials regarding this coordinated SMP public awareness campaign is also available at the SMP Resource Center website, <a href="http://www.smpresource.org">http://www.smpresource.org</a>.

#### **Expansion of SMP Program Capacity**

All SMP applicants for this funding opportunity will be required to **expand the capacity of the SMP project** to recruit, screen, train, manage and support an increased number of SMP volunteers, and utilize these volunteers to effectively expand SMP outreach to beneficiaries in local communities in a more comprehensive manner throughout the state.

Expansion of SMP program capacity may be accomplished in a variety of ways, including:

- 1. Expand and enhance the SMP project's volunteer work force:
- Recruit, train, manage and support increased numbers of SMP volunteers to provide broader program coverage in additional communities. Ensure adequate training to meet their expanded roles.
- Ensure adequate, professional SMP program staffing capability to effectively recruit, train, support and manage an expanded cadre of volunteers, and to coordinate implementation of an effective volunteer management/risk management program.
- Expand SMP subcontracts with local community-based organizations, as deemed appropriate, to assist with volunteer recruitment, management and training at the grass-roots level around each state.
- Conduct specialized recruiting of dual-language volunteers to assist with targeted outreach to non-English speaking populations in the state.

- Provide specialized training to selected volunteers deemed capable of managing and referring beneficiary complaints. This training will enable them to conduct in-depth casework, research, and investigation of complaints, manage effective referrals to CMS contractors, provider education and more.
- 2. Expand SMP Outreach and Education to beneficiaries statewide:
- Use media spots, new materials, and other innovative methods to increase beneficiary awareness about the SMP program, as well as opportunities to become an SMP volunteer.
- Use the expanded volunteer workforce to expand outreach, education and training
  efforts to all counties in the state, focusing on those areas which have been
  underserved thusfar.
- Greatly expand consumer outreach efforts targeting limited English-speaking populations, to include increased media outreach, PSAs and development of multicultural materials.
- 3. Expand SMP ability to manage beneficiary inquiries and complaints in a timely, professional manner:
  - Expand the number of staff responding to inquiries at the SMP statewide toll-free number.
  - Ensure that staff responding to inquiries and complaints are well-trained and qualified.
  - Expand the scope and depth of SMP handling of beneficiary complaints and inquiries of potential fraud.
  - Ensure fully coordinated referrals to CMS contractors and the OIG through development of communications lines, POCs, informal procedures that work to support and enhance established SMART FACTS procedures.
- 4. Enhance SMP capacity for performance management:
  - Enhance SMP capability for performance management, tracking and reporting of results, including data quality oversight.
  - Ensure that the results produced from additional funding, as reflected in increased SMP activities, impacts, and outcomes, are accurately recorded, tracked, and reported.

The grantee should ensure that semi-annual grants reports capture additional activities, innovations, strategies, collaborations and tools developed to increase public awareness of fraud and to address complaints received as a result of increased outreach efforts. In addition, the OIG will continue to collect performance data from the SMP reporting system semiannually, and along with AoA and the SMP Center, assess the level of results achieved by SMPs with the additional funding stream.

#### C. Responsiveness and Screening Criteria

#### **Application Responsiveness Criteria**

- 1. Applicant must be from one of the seven states identified above; and
- 2. Applicant must be the current statewide SMP project grantee in one of the seven states identified above.

#### **D.** Application Screening Criteria

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the three screening criteria described below will **not** be reviewed and will receive **no** further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

- 1. Applications must be submitted electronically via <a href="http://www.grants.gov">http://www.grants.gov</a> by 11:59 p.m., Eastern Time, **July 18, 2011**.
- 2. The Project Narrative section of the Application must be **double-spaced**, on 8 ½" x 11" plain white paper with **1" margins** on both sides, and a **font size** of not less than 11.
- 3. **The Project Narrative must not exceed 10 pages**. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 10-page limit.

# IV. SMP HIGH FRAUD STATES without HEAT JOINT STRIKE FORCES: HEALTH CARE FRAUD PREVENTION PROGRAM EXPANSION and SMP CAPACITY BUILDING GRANTS

#### A. Eligible Applicants

Award Type: Cooperative Agreement

Award Ceiling: \$270,000 Eligible States: (see list below)

Estimated Number of Awards: 11

Projected Start Date: September 30, 2011

Estimated Length of Project: One year Cost Sharing/Matching: none (0%)

This is a limited competition open to eleven (11) current SMP grantees that are in states that have been designated by CMS as meeting one or more criteria for having the highest incidences of health care fraud and/or being at greatest risk health care fraud. The eleven (11) states eligible to apply under this funding opportunity are as follows:

- 1. Pennsylvania
- 2. Ohio
- 3. North Carolina
- 4. New Jersey
- 5. Georgia
- 6. Virginia
- 7. Massachusetts
- 8. Arizona
- 9. Maryland
- 10. Nevada
- 11. New Mexico

#### **B.** Funding Opportunity Description

#### **Background**

The Centers for Medicare and Medicaid Services (CMS) has identified 18 states with the highest incidences of health care fraud or at the greatest risk of fraud based on such data as greatest numbers of known fraud hot spots, top states with largest numbers of compromised beneficiaries, and those states in the DME Stop-Gap Plan. There is a need to expand the capacity of SMP projects in those areas to reach larger numbers of Medicare beneficiaries, their caregivers and family members with the SMP message of fraud prevention. The goal of this announcement is to enhance SMP efforts to reach beneficiary populations in these designated high fraud states.

#### **Purpose and Objectives**

#### **Targeted Requirements for High Fraud States**

States eligible for this funding opportunity are required to develop innovative, new and targeted strategies for expanding awareness of health care fraud and enhancing the role of the SMP in fraud control. Specifically, grantees are expected to develop proposals for:

- C. new activities related to innovations in health care fraud control outreach and education:
- D. additional collaboration with partner organizations;
- E. enhanced interface with CMS and CMS contractors; and
- F. new health care fraud media/public awareness strategies.
- 1. Innovations in outreach and education to beneficiaries statewide:
  - Expand SMP program outreach and education with special focus in the high fraud areas. Targeted outreach activities should be developed to address:
- G. vulnerable, at-risk beneficiaries and
- H. high incidence types of health care fraud (such as DME, home health care, etc.).
  - Expand consumer outreach efforts targeting limited English-speaking populations, to include increased media outreach, PSAs and development of multi-cultural materials.
- 2. Collaboration with partner organizations
  - Develop collaborative strategies with local law enforcement, and other federal and state partners to prevent and respond to identified patterns of fraud.
  - Further enhance partnerships with state and local agencies, non-profit organizations and faith-based groups. Develop collaborations with these groups to expand outreach about health care fraud. Examples of potential collaborators include:
    - AARP,
    - Area Agencies on Aging (AAAs),
    - Retired Teachers Association,
    - TRIADs and other local law enforcement,
    - senior housing service coordinators,
    - civic groups,
    - church groups, and
    - Retired and Senior Volunteer Programs (RSVP).
- 3. Enhance interface with OIG, CMS and CMS contractors
  - Develop strategies for improved coordination of SMP program activities with Regional OIG and CMS organizations, to include:

- proactive identification of and response to local/regional fraud trends;
- media relations/public awareness;
- community events and outreach to beneficiaries;
- targeting hard to reach, vulnerable populations with fraud prevention messages; and
- beneficiary complaint research, investigations and referrals.
- Develop enhanced coordination and interface protocols with CMS contractors, including ZPICs, MEDICs, PSCs and MACs to ensure effective communications on issues involving potential fraud, effective referrals, and other useful exchange of information on fraud trends, practices, or beneficiary issues.
- 4. New media/public awareness activities

Grantees under this funding opportunity will be expected to support an expanded SMP public education and outreach campaign, focused on the HEAT Strike Force areas, including:

- Use of PSAs and media tools, provided by AoA in conjunction with the SMP Media Campaign launched in March 2011, to get the word out about health care fraud and SMP programs.
- Work with local partners and the media to widely disseminate information on health care fraud and the SMP program. Grantees will be expected to support the media campaign by encouraging stations to air PSAs and otherwise promote the message of health care fraud prevention, detection and reporting.

The SMP media campaign toolkit is available at <a href="http://www.stopmedicarefraud.gov">http://www.stopmedicarefraud.gov</a> and at the SMP Resource Center site at <a href="http://www.smpresource.org">http://www.smpresource.org</a>.

#### **Expansion of SMP Program Capacity**

All SMP applicants for this funding opportunity will be required to **expand the capacity of the SMP project** to recruit, screen, train, manage and support an increased number of SMP volunteers, and utilize these volunteers to effectively expand SMP outreach to beneficiaries in local communities in a more comprehensive manner throughout the state.

Expansion of SMP program capacity may be accomplished in a variety of ways, including:

- 5. Expand and enhance the SMP project's volunteer work force:
  - Recruit, train, manage and support increased numbers of SMP volunteers to provide broader program coverage in additional communities. Ensure adequate training to meet their expanded roles.
- Ensure adequate, professional SMP program staffing capability to effectively recruit, train, support and manage an expanded cadre of volunteers, and to coordinate implementation of an effective volunteer management/risk management program.

- Expand SMP subcontracts with local community-based organizations, as deemed appropriate, to assist with volunteer recruitment, management and training at the grass-roots level around each state.
- Conduct specialized recruiting of dual-language volunteers to assist with targeted outreach to non-English speaking populations in the state.
- Provide specialized training to selected volunteers deemed capable of managing and referring beneficiary complaints. This training will enable them to conduct in-depth casework, research, and investigation of complaints, manage effective referrals to CMS contractors, provider education and more.
- 6. Expand SMP Outreach and Education to beneficiaries statewide:
- Use media spots, new materials, and other innovative methods to increase beneficiary awareness about the SMP program, as well as opportunities to become an SMP volunteer.
- Use the expanded volunteer workforce to expand outreach, education and training efforts to all counties in the state, focusing on those areas which have been underserved thusfar.
- Greatly expand consumer outreach efforts targeting limited English-speaking populations, to include increased media outreach, PSAs and development of multicultural materials.
- 7. Expand SMP ability to manage beneficiary inquiries and complaints in a timely, professional manner:
  - Expand the number of staff responding to inquiries at the SMP statewide toll-free number.
  - Ensure that staff responding to inquiries and complaints are well-trained and qualified.
  - Expand the scope and depth of SMP handling of beneficiary complaints and inquiries of potential fraud.
  - Ensure fully coordinated referrals to CMS contractors and the OIG through development of communications lines, POCs, informal procedures that work to support and enhance established SMART FACTS procedures.
- 8. Enhance SMP capacity for performance management:
  - Enhance SMP capability for performance management, tracking and reporting of results, including data quality oversight.
  - Ensure that the results produced from additional funding, as reflected in increased SMP activities, impacts, and outcomes, are accurately recorded, tracked, and reported.

The grantee should ensure that semi-annual grants reports capture additional activities, innovations, strategies, collaborations and tools developed to increase public awareness of

fraud and to address complaints received as a result of increased outreach efforts. In addition, the OIG will continue to collect performance data from the SMP reporting system semiannually, and along with AoA and the SMP Center, assess the level of results achieved by SMPs with the additional funding stream.

#### C. Responsiveness and Screen Criteria

#### **Application Responsiveness Criteria**

- A. Applicant must be from one of the eleven states identified above in the Eligibility Information; and
- B. Applicant must be the current SMP project grantee in one of the eleven states identified above.

#### **D.** Application Screening Criteria

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the three screening criteria described below will **not** be reviewed and will receive **no** further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

- 1. Applications must be submitted electronically via <a href="http://www.grants.gov">http://www.grants.gov</a> by 11:59 p.m., Eastern Time, **July 18, 2011**.
- 2. The Project Narrative section of the Application must be **double-spaced**, on 8 ½" x 11" plain white paper with 1" margins on both sides, and a **font size** of not less than 11.
- 3. **The Project Narrative must not exceed 8 pages**. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 8-page limit.

#### V. SMP CAPACITY BUILDING GRANTS

#### A. Eligible Applicants

Award Type: Cooperative Agreement

Award Ceiling: \$150,000 - \$20,000 (see table below)

Estimated Number of Awards: 36

Projected Start Date: September 30, 2011

Estimated Length of Project: One year Cost Sharing/Matching: none (0%)

This is a limited competition open to the remaining thirty-six (36) current SMP grantees, not previously identified in this Program Announcement. Allocation of funding is based on the number of Medicare beneficiaries in each state, with a tiered methodology used to determine the maximum (award ceiling) for each of the 36 states. [For ease of reading, states are listed alphabetically within each tier of funding; this ordering does not necessarily correspond with the state order, based on the number of Medicare beneficiaries per state.]

| STATE                | AWARD CEILING |  |
|----------------------|---------------|--|
| Alabama              | \$150,000     |  |
| Indiana              | \$150,000     |  |
| Kentucky             | \$150,000     |  |
| Minnesota            | \$150,000     |  |
| Missouri             | \$150,000     |  |
| South Carolina       | \$150,000     |  |
| Tennessee            | \$150,000     |  |
| Washington           | \$150,000     |  |
| Wisconsin            | \$150,000     |  |
|                      |               |  |
| Arkansas             | \$100,000     |  |
| Colorado             | \$100,000     |  |
| Connecticut          | \$100,000     |  |
| Iowa                 | \$100,000     |  |
| Kansas               | \$100,000     |  |
| Mississippi          | \$100,000     |  |
| Oklahoma             | \$100,000     |  |
| Oregon               | \$100,000     |  |
| Puerto Rico          | \$100,000     |  |
|                      |               |  |
| Hawaii               | \$88,750      |  |
| Idaho                | \$88,750      |  |
| Maine                | \$88,750      |  |
| Nebraska             | \$88,750      |  |
| New Hampshire        | \$88,750      |  |
| Rhode Island         | \$88,750      |  |
| Utah                 | \$88,750      |  |
| West Virginia        | \$88,750      |  |
|                      |               |  |
| Alaska               | \$50,000      |  |
| Delaware             | \$50,000      |  |
| District of Columbia | \$50,000      |  |
| Montana              | \$50,000      |  |
| North Dakota         | \$50,000      |  |
| South Dakota         | \$50,000      |  |
| Vermont              | \$50,000      |  |
| Wyoming              | \$50,000      |  |
|                      | ***           |  |
| Guam                 | \$20,000      |  |
| Virgin Islands       | \$20,000      |  |

#### **B.** Funding Opportunity Description

#### Background

AoA and CMS recognize the need to increase the capacity of all SMP projects to reach larger numbers of Medicare beneficiaries, their caregivers and family members with the SMP message of fraud prevention. The goal of this announcement is to enhance SMP efforts to increase and support the volunteer workforce required to expand outreach and education efforts throughout the state.

#### **Purpose and Objectives**

#### **Expansion of SMP Program Capacity**

All SMP applicants for this funding opportunity will be required to **expand the capacity of the SMP project** to recruit, screen, train, manage and support an increased number of SMP volunteers, and utilize these volunteers to effectively expand SMP outreach to beneficiaries in local communities in a more comprehensive manner throughout the state.

Expansion of SMP program capacity may be accomplished in a variety of ways, including:

- a. Expand and enhance the SMP project's volunteer work force:
- Recruit, train, manage and support increased numbers of SMP volunteers to provide broader program coverage in additional communities. Ensure adequate training to meet their expanded roles.
- Ensure adequate, professional SMP program staffing capability to effectively recruit, train, support and manage an expanded cadre of volunteers, and to coordinate implementation of an effective volunteer management/risk management program.
- Expand SMP subcontracts with local community-based organizations, as deemed appropriate, to assist with volunteer recruitment, management and training at the grass-roots level around each state.
- Conduct specialized recruiting of dual-language volunteers to assist with targeted outreach to non-English speaking populations in the state.
- Provide specialized training to selected volunteers deemed capable of managing and referring beneficiary complaints. This training will enable them to conduct in-depth casework, research, and investigation of complaints, manage effective referrals to CMS contractors, provider education and more.
- b. Expand SMP Outreach and Education to beneficiaries statewide:
- Use PSAs, new media toolkit materials, and other innovative methods to increase beneficiary awareness about the SMP program, as well as opportunities to become an SMP volunteer. (The SMP media campaign

- toolkit is available at <a href="http://www.stopmedicarefraud.gov">http://www.stopmedicarefraud.gov</a> and at the SMP Resource Center site at <a href="http://www.smpresource.org">http://www.smpresource.org</a>.)
- Use the expanded volunteer workforce to expand outreach, education and training efforts to all counties in the state, focusing on those areas which have been underserved thus far.
- Greatly expand consumer outreach efforts targeting limited Englishspeaking populations, to include increased media outreach, PSAs and development of multi-cultural materials.
- c. Expand SMP ability to manage beneficiary inquiries and complaints in a timely, professional manner:
- Expand the number of staff responding to inquiries at the SMP statewide toll-free number.
- Ensure that staff responding to inquiries and complaints are well-trained and qualified.
- Expand the scope and depth of SMP handling of beneficiary complaints and inquiries of potential fraud.
- Ensure fully coordinated referrals to CMS contractors through develop of communications lines, POCs, informal procedures that work to support and enhance established SMART FACTS procedures.
- d. Enhance SMP capacity for performance management:
- Enhance SMP capability for performance management, tracking and reporting of results, including data quality oversight.
- Ensure that the results produced from additional funding, as reflected in increased SMP activities, impacts, and outcomes, are accurately recorded, tracked, and reported.

The grantee should ensure that semi-annual grants reports capture additional activities, innovations, strategies, collaborations and tools developed to increase public awareness of fraud and to address complaints received as a result of increased outreach efforts. In addition, the OIG will continue to collect performance data from the SMP reporting system semiannually, and along with AoA and the SMP Center, assess the level of results achieved by SMPs with the additional funding stream.

#### C. Responsiveness and Screening Criteria

#### **Application Responsiveness Criteria**

- 1. Applicant must be from one of the thirty-six states identified above in the Eligibility Information; and
- 2. Applicant must be the current SMP grantee in one of the thirty-six states identified above.

#### **Application Screening Criteria**

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the three screening criteria described below will **not** be reviewed and will receive **no** further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

- 1. Applications must be submitted electronically via <a href="http://www.grants.gov">http://www.grants.gov</a> by 11:59 p.m., Eastern Time, **July 18, 2011**.
- 2. The Project Narrative section of the Application must be **double-spaced**, on 8 ½" x 11" plain white paper with 1" margins on both sides, and a **font size** of not less than 11.
- 3. **The Project Narrative must not exceed 5-pages**. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 5-page limit.

#### D. APPLICATION AND SUBMISSION INFORMATION

#### 1. Address to Request Application Package

Application materials can be obtained from <a href="http://www.grants.gov">http://www.grants.gov</a> or <a href="http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx">http://www.grants.gov</a> or <a href="http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx">http://www.grants.gov</a> or <a href="http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx">http://www.grants.gov</a> or <a href="http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx">http://www.grants.gov</a> or <a href="http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx">http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx</a>.

Please note, AoA is requiring applications for all announcements to be submitted electronically through <a href="http://www.grants.gov">http://www.grants.gov</a>. The Grants.gov (<a href="http://www.grants.gov">http://www.grants.gov</a>) registration process can take several days. If your organization is not currently registered with <a href="http://www.grants.gov">http://www.grants.gov</a>, please begin this process immediately. For assistance with <a href="http://www.grants.gov">http://www.grants.gov</a>, please contact them at <a href="support@grants.gov">support@grants.gov</a> or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time. At <a href="http://www.grants.gov">http://www.grants.gov</a>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (<a href="http://www.grants.gov">http://www.grants.gov</a>).

Applications submitted via <a href="http://www.grants.gov">http://www.grants.gov</a>:

- You may access the electronic application for this program on <a href="http://www.grants.gov">http://www.grants.gov</a>. You must search the downloadable application page by the Funding Opportunity Number (HHS-2010-AoA-MP-1028) or CFDA number (93.48).
- At the <a href="http://www.grants.gov">http://www.grants.gov</a> website, you will find information about submitting an application electronically through the site, including the hours of operation. AoA strongly recommends that you do not wait until the application due date to begin the application process through <a href="http://www.grants.gov">http://www.grants.gov</a> because of the time delay.

- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR). You should allow a minimum of **five days** to complete the CCR registration.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:
  - 1. Be registered in the CCR prior to submitting an application or plan;
  - 2. Maintain an active CCR registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
  - 3. Provide its DUNS umber in each application or plan it submits to the OPDIV.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May be determined that the applicant is not qualified to receive an award;
   and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide:
  - http://www.whitehouse.gov/sites/default/files/omb/grants/duns\_num\_guide.pdf.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the <a href="http://www.grants.gov">http://www.grants.gov</a> compatibility information and submission instructions provided at <a href="http://www.grants.gov">http://www.grants.gov</a> (click on "Vista and Microsoft Office 2007 Compatibility Information").
- Your application must comply with any page limitation requirements described in this Program Announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from <a href="http://www.grants.gov">http://www.grants.gov</a> that contains <a href="http://www.grants.gov">http://www.grants.gov</a> tracking number. The Administration on Aging will retrieve your application form from <a href="http://www.grants.gov">http://www.grants.gov</a>.
- After the Administration on Aging retrieves your application form from <a href="http://www.grants.gov">http://www.grants.gov</a>, a return receipt will be emailed to the applicant contact.

This will be in addition to the validation number provided by http://www.grants.gov.

• Each year organizations registered to apply for Federal grants through <a href="http://www.grants.gov">http://www.grants.gov</a> will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (<a href="http://www.ccr.gov">http://www.ccr.gov</a>).

Contact person regarding this Program Announcement:

U.S. Department of Health and Human Services Administration on Aging Doris Summey Center for Program Operations Washington, D.C. 20201

Or by calling: 202-357-3533 Or e-mailing: Doris.Summey@aoa.hhs.gov

#### 2. Content and Form of Application Submission

#### a. Letters of Intent

Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist AoA in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. The deadline for submission of the letter of intent is **June 30, 2011**. Letters of intent should be sent to:

U.S. Department of Health and Human Services Administration on Aging Doris Summey Center for Program Operations Washington, D.C. 20201 E-mail: Doris.Summey@aoa.hhs.gov

#### **b.** Project Narrative

The Project Narrative must be double-spaced, on 8 ½" x 11" paper with 1" margins on both sides, and a font size of not less than 11. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The maximum length allowed for the Project Narrative is five (5). AoA will not accept applications with a Project Narrative that exceeds 5 pages. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the designated page limit (specified by Tier Level), but all of the other sections noted below are included in the limit.

The components of the Project Narrative counted as part of the designated page limit include:

Summary/Abstract
Problem Statement
Goal(s) and Objective(s)
Proposed Intervention
Special Target Populations and Organizations
Outcomes
Project Management
Evaluation
Dissemination
Organizational Capability

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for grants under Title IV of the Older Americans Act. The Project Narrative should provide a clear and concise description of your project. AoA recommends that your project narrative include the following components:

**Summary/Abstract**. This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in Attachment E of this document.

**Problem Statement**. This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect the elderly population and/or their caregivers (including specific subgroups within those populations), and possibly the health care and social services systems (e.g., the use of health care and/or nursing home services.)

**Goals and Objectives**. This section should consist of a description of the project's goal(s) and major objectives. The objectives should be centered around the major goal of SMP project capacity building.

**Proposed Intervention**. This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the "Problem Statement". You should also describe the rationale for using the particular intervention, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, funders, and/or consumer groups.

**Special Target Populations and Organizations**. This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the

proposed intervention will target disadvantaged populations, including limited-English speaking populations.

**Outcomes**. This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (NOTE: AoA will not fund any project that does not include measurable outcomes). This section should also describe how the project's findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the attached work plan grid (Attachment D) under "Measurable Outcomes" in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large.

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the aging network; new knowledge that can contribute to the field of aging; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project's design.

**Project Management**. This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; communications with other partners and AoA. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

**Evaluation**. This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful.

**Dissemination**. This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats,

to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

**Organizational Capability Statement**. Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. It should also include the organization's capability to sustain some or all project activities after Federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach short vitae for key project staff only. Neither vitas nor an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

#### c. Work Plan

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task / action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the Sample Work Plan format included in Attachment D.

#### d. Letters of Commitment from Key Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via <a href="http://www.grants.gov">http://www.grants.gov</a>, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the AoA Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

#### e. Budget Narrative/Justification

The Budget Narrative/Justification should be provided using the format included as Attachment C of this Program Announcement. Applicants are encouraged to pay particular attention to Attachment C which provides an example of the level of detail sought.

#### 3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is July 18, 2011. Applications must be submitted electronically by 11:59 p.m. Eastern Time, **July 18, 2011**.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with <a href="http://www.grants.gov">http://www.grants.gov</a>. Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from <a href="http://www.grants.gov">http://www.grants.gov</a> indicating system problems existed at the time of your submission. For example, you will be required to provide an <a href="http://www.grants.gov">http://www.grants.gov</a> submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (<a href="http://www.grants.gov">http://www.grants.gov</a>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <a href="http://www.grants.gov">http://www.grants.gov</a>. After the Administration on Aging retrieves your application form from <a href="http://www.grants.gov">http://www.grants.gov</a>, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by <a href="http://www.grants.gov">http://www.grants.gov</a>.

Grants.gov (<a href="http://www.grants.gov">http://www.grants.gov</a>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <a href="http://www.grants.gov">http://www.grants.gov</a>. After the Administration on Aging retrieves your application form from <a href="http://www.grants.gov">http://www.grants.gov</a>, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by <a href="http://www.grants.gov">http://www.grants.gov</a>.

#### 4. Intergovernmental Review

This funding opportunity announcement is not subject to the requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs."

#### 5. Funding Restrictions

The following activities are not fundable:

- Construction and/or major rehabilitation of buildings
- Basic research (e.g. scientific or medical experiments)
- Continuation of existing projects without expansion or new and innovative approaches

#### II. APPLICATION REVIEW INFORMATION

#### 1. Criteria

Applications are scored by assigning a maximum of 100 points across five criteria:

- a. Project Relevance & Current Need (5 points);
- b. Approach (35 points);
- c. Budget (10 points);
- d. Project Impact (25 points); and
- e. Organizational Capacity (25 points).

#### a. Project Relevance & Current Need

Weight: 5 points Is the proposed project expansion justified in terms of the most recent, relevant, and available information and knowledge? (5 points)

b. Approach Weight: 35points

Is the project work plan clear and comprehensive? Does it include sensible and feasible timeframes for the accomplishment of tasks presented? (5 points)

Does the proposal include a clear and coherent management plan? Is staff assigned responsibility for the recruitment, training, and management of an expanded cadre of volunteers? (10 points)

Does the application provide well-developed, realistic plans for expanding the volunteer workforce, including new strategies for recruitment? (10 points)

Does the application describe strategies for expanding outreach and education to beneficiaries throughout the state? (5 points)

Does the application provide strategies for expanding capacity to reach at-risk populations, including limited-English speaking populations in its target population? (5 points)

c. Budget Weight: 10 points

Is the time commitment of the proposed director and other key project personnel sufficient to assure the objectives of the project will be achieved? (5 points)

Does the budget reflect project capacity expansion priorities (staffing support for recruitment, training and management of increased volunteer workforce). (5 points)

#### d. Project Impact

Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project? (10 points)

Weight: 25 points

Does the application clearly describe how the project will expand the capacity of the volunteer workforce to reach beneficiaries with the message of health care fraud prevention? (10 points)

Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcome contained in Attachment E of the Program Announcement? (5 points)

#### e. Organizational Capacity

Does the applicant organization clearly identify plans to expand their organization's capacity to effectively recruit, train, support and manage a significantly increased number of SMP volunteers? (10 points)

Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out newly identified roles essential in achieving the objectives of the program announcement (training and managing volunteers, etc.) or have additional staffing needs been identified to assist the applicant in carrying out the proposed project? (10 points)

Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions? (5 points)

#### 2. Review and Selection Process

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Assistant Secretary for Aging (ASA). In making these decisions, the ASA will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected. The ASA retains the discretion to adjust funding levels above the projected award ceiling based on the availability of funds.

#### III.AWARD ADMINISTRATION INFORMATION

#### 1. Award Notices

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration on Aging authorizing official, Officer of Grants Management, and the AoA Office of Budget and Finance. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail.

Weight: 25 points

#### 2. Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at <a href="http://www.hhs.gov/grantsnet/adminis/gpd/index.htm">http://www.hhs.gov/grantsnet/adminis/gpd/index.htm</a>.

#### 3. Reporting

Effective January 1, 2011, AoA requires the submission of the SF-425 (Federal Financial Report). The AoA program progress report is due semi-annually from the start date of the award. Final performance and SF-425 reports are due 90 days after the end of the project period.

Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, the fully completed SF-425 will be required as denoted in the Notice of Award terms and conditions.

#### IV. FFATA and FSRA Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<a href="http://www.FSRS.gov">http://www.FSRS.gov</a>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please see the following link: <a href="http://www.aoa.gov/aoaroot/grants/ARRA">http://www.aoa.gov/aoaroot/grants/ARRA</a> Terms/docs/Requirements for FFATA.pdf

#### IX. AGENCY CONTACTS

#### **Project Officer:**

U.S. Department of Health and Human Services Administration on Aging Washington, DC 20201

Attn: Doris Summey

Telephone: (202) 357-3533; e-mail: <u>Doris.Summey@aoa.hhs.gov</u>

#### **Grants Management Officer:**

U.S. Department of Health and Human Services Administration on Aging Washington, DC 20201

Attn: Sean Lewis

Telephone: (202) 357-3445; e-mail: grants.office@aoa.hhs.gov

### **ATTACHMENTS**

Attachment A:
Instructions for Completing Required Forms
(SF 424, Budget (SF 424A), Budget Narrative/Justification)

Attachment B: SF 424 – Sample Format with Example

Attachment C: Budget Narrative/Justification Format – Sample Format with Examples

> Attachment D: Budget Narrative/Justification – Sample Template

> > Attachment E: Project Work Plan - Sample Template

**Attachment F: Instructions for Completing the Summary/Abstract** 

#### Attachment A: Instructions for Completing Required Forms

(SF 424, Budget (SF 424A), Budget Narrative/Justification)

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. AoA does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

#### a. Standard Form 424

- 1. **Type of Submission:** (REQUIRED): Select one type of submission in accordance with agency instructions.
  - Preapplication
  - Application
  - Changed/Corrected Application If AoA requests, check if this submission is to change or correct a previously submitted application.
- 2. **Type of Application**: (REQUIRED) Select one type of application in accordance with agency instructions.
  - New
  - Continuation
  - Revision
- 3. **Date Received:** Leave this field blank.
- 4. **Applicant Identifier**: Leave this field blank
- 5a **Federal Entity Identifier**: Leave this field blank
- 5b. **Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.
- 6. **Date Received by State:** Leave this field blank.
- 7. **State Application Identifier:** Leave this field blank.
- 8. **Applicant Information**: Enter the following in accordance with agency instructions:
- **a.** Legal Name: (REQUIRED): Enter the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website (<a href="http://www.grants.gov">http://www.grants.gov</a>).
- **b. Employer/Taxpayer Number (EIN/TIN):** (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

- **c. Organizational DUNS**: (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (<a href="http://www.grants.gov">http://www.grants.gov</a>). Your DUNS number can be verified at <a href="http://www2.zapdata.com/CompanyLookup.do">http://www2.zapdata.com/CompanyLookup.do</a>.
- **d.** Address: (REQUIRED) Enter the complete address including the county.
- **e. Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.
- **f. Name and contact information of person to be contacted on matters involving this application**: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.
- 9. **Type of Applicant:** (REQUIRED) Select the applicant organization "type" from the following drop down list.
- A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Nondomestic (non-US) Entity X. Other (specify)
- 10. Name Of Federal Agency: (REQUIRED) Enter U.S. Administration on Aging
- 11. **Catalog Of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.
- 12. **Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.
- 13. **Competition Identification Number/Title:** Leave this field blank.
- 14. **Areas Affected By Project:** List the largest political entity affected (cities, counties, state etc).
- 15. **Descriptive Title of Applicant's Project:** (REQUIRED) Enter a brief descriptive title of the project.

16. **Congressional Districts Of**: (REQUIRED) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12<sup>th</sup> district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district:

#### http://www.house.gov/Welcome.shtml

- 17. **Proposed Project Start and End Dates**: (REQUIRED) Enter the proposed start date and final end date of the project. **If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1<sup>st</sup> of the month and the end date of the last day of the month of the final year, for example 4/01/2011 to 3/31/2014. The Grants Officer can alter the start and end date at their discretion.
- 18. **Estimated Funding:** (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is \$100,000, year two is \$100,000, and year three is \$100,000, then the full amount of Federal funds requested would be reflected as \$300,000. The amount of matching funds is denoted by lines b. through f. with a combined Federal and non-Federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.

**NOTE:** Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least  $1/3^{\rm rd}$  of the amount of Federal funds being requested (the amount in 18a). For a full explanation of AoA's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-Federal cash match** includes budgetary funds provided from the applicant agency's budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-Federal in-

kind matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: Indirect charges may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.

#### **AOA's Match Requirement**

Under this and other OAA programs, AoA will fund no more than 75 % of the **project's total cost**, which means the applicant must cover at least 25% of the **project's total cost** with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost (i.e., the amount on line 18g.). This "three-to-one" ratio is reflected in the following formula which you can use to calculate your minimum required match:

Federal Funds Requested (i.e., amount on line 15a) / 3 = Minimum Match Requirement

For example, if you request \$100,000 in Federal funds, then your **minimum** match requirement is \$100,000/3 or \$33,333. In this example the **project's total cost** would be \$133,333.

A **common error** applicants make is to match 25% of the Federal share, rather than 25% of the project's total cost, so be sure to use one of the formulas above to calculate your match requirement.

If the required non-Federal share is not provided by the completion date of the funded project period, AoA will reduce the Federal dollars awarded when closing out the award to meet the match percentage, which may result in a requirement to return Federal funds.

- 19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Check c. Program is not covered by E.O. 12372
- 20. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

#### b. Standard Form 424A

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this AoA program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi year budget. See Attachment B.

## **Section A - Budget Summary**

**Line 5**: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non-Federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

### **Section B - Budget Categories**

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category (see instructions for each object class category in Attachment C).

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

#### Section C – Non Federal Resources

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

#### Section D –Forecasted Cash Needs

**Line 13:** Enter Federal forecasted cash needs broken down by quarter for the first year only.

**Line 14**: Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial start up costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

# Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

### **Section F – Other Budget Information**

**Line 21:** Enter the total Indirect Charges

**Line 22**: Enter the total Direct charges (calculation of indirect rate and direct charges).

**Line 23:** Enter any pertinent remarks related to the budget.

#### **Separate Budget Narrative/Justification Requirement**

Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of \$1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, subcontractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

- Line 6a: **Personnel**: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h Other. **In the Justification**: Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.
- Line 6b: **Fringe Benefits**: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

**In the Justification**: If the total fringe benefit rate exceeds 35% of Personnel costs, provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

- Line 6c: **Travel**: Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel this should be included in line 6h.
  - **In the Justification**: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).
- Line 6d: **Equipment**: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or

more per unit. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e.

**In the Justification**: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its sub-grantees.

Line 6e: **Supplies**: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

In the Justification: For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of 100,000 = 6,000 - 100,000 - 100,000 = 6,000 - 100,

Line 6f: Contractual: Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a subcontract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

In the Justification: Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at \$100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR 74.44 for non-profits and 92.36 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

- Line 6g: **Construction**: Leave blank since construction is not an allowable costs for this program.
- Line 6h: **Other**: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits),non-contractual fees and travel paid directly to *individual* consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

**In the Justification**: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

- Line 6i: **Total Direct Charges**: Show the totals of Lines 6a through 6h.
- Line 6j: Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

Line 6k: **Total**: Enter the total amounts of Lines 6i and 6j.

Line 7: **Program Income**: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

#### c. Standard Form 424B - Assurances

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration on Aging. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

### d. Certification Regarding Lobbying

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

#### **Proof of Non-Profit Status**

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

#### **Indirect Cost Agreement**

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency. This is optional for applicants that have not included indirect costs in their budgets.

# **Attachment B: Standard Form 424A – Sample Format**

|                              | proval No. 0348-0044              |                   | Constructi         | ion Prog              | rams        |                  |  |  |  |  |  |  |
|------------------------------|-----------------------------------|-------------------|--------------------|-----------------------|-------------|------------------|--|--|--|--|--|--|
| SECTION A-B                  | UDGET SUMMARY                     |                   |                    |                       |             |                  |  |  |  |  |  |  |
| Grant<br>Program<br>Function | Catalog of<br>Federal<br>Domestic | Estimate<br>Funds | d Unobligated      | New or Revised Budget |             |                  |  |  |  |  |  |  |
| or Activity<br>(a)           | Assistance<br>Number<br>(b)       | Federal<br>(c)    | Non-Federal<br>(d) | Federal<br>(e)        | Non-Federal | Total<br>(g)     |  |  |  |  |  |  |
| 1. LifeSpan<br>Respite       | 93.048                            |                   |                    | 300,000               | 100,000     | 400,000          |  |  |  |  |  |  |
| 2.                           |                                   |                   |                    |                       |             |                  |  |  |  |  |  |  |
| 3.                           |                                   |                   |                    |                       |             |                  |  |  |  |  |  |  |
| 4.                           |                                   |                   |                    |                       |             |                  |  |  |  |  |  |  |
| 5. <b>TOTALS</b>             |                                   |                   |                    | 300,000               | 100,000     | 400,000          |  |  |  |  |  |  |
| SECTION B-BU                 | DGET CATEGORIES                   |                   |                    |                       |             |                  |  |  |  |  |  |  |
| 6. Object Class              | Categories                        | GR                | ANT PROGRAM, F     | UNCTION OR A          | CTIVITY     |                  |  |  |  |  |  |  |
|                              |                                   | (1) Year 1        | (2) Year 2         | (3) Year 3            | (4)         | <b>Total</b> (5) |  |  |  |  |  |  |
| a. <b>Personnel</b>          |                                   | 25,000            | 30,000             | 35,000                |             | 90,000           |  |  |  |  |  |  |
| b. Fringe Bene               | fits                              | 10,000            | 15,000             | 20,000                |             | 45,000           |  |  |  |  |  |  |
| c. <b>Travel</b>             |                                   | 5,000             | 5,000              | 5,000                 |             | 15,000           |  |  |  |  |  |  |
| d. <b>Equipment</b>          |                                   | 5,000             | 0                  | 0                     |             | 5,000            |  |  |  |  |  |  |
| e. Supplies                  |                                   | 5,000             | 2,500              | 1,000                 |             | 8,500            |  |  |  |  |  |  |
| f. Contractual               |                                   | 15,000            | 0                  | 0                     |             | 15,000           |  |  |  |  |  |  |
| g. Construction              | n                                 | 0                 | 0                  | 0                     |             |                  |  |  |  |  |  |  |
| h. <b>Other</b>              |                                   | 43,333            | 55,833             | 47,334                |             | 146,500          |  |  |  |  |  |  |
| i. Total Direct (            | Charges (sum 6a-h)                | 75,000            | 75,000             | 75,000                |             | 225,000          |  |  |  |  |  |  |
| j. Indirect Char             | ges @                             | 25,000            | 25,000             | 25,000                |             | 75,000           |  |  |  |  |  |  |
| k. <b>TOTALS</b> (su         | m 6i and j)                       | 133,333           | 133,333            | 133,334               |             | 400,000          |  |  |  |  |  |  |
|                              |                                   |                   |                    |                       |             |                  |  |  |  |  |  |  |
| 7. Program Income            |                                   | None              |                    |                       |             |                  |  |  |  |  |  |  |

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| SE  | CTION C-NON-                  | FEDERAL R     | ESOURCES     |                   |             |  |  |  |  |
|---|-------------------------------|---------------|--------------|-------------------|-------------|--|--|--|--|
| (a) Grant Program                         |                               | (b) Applicant | (c) State    | (d) Other sources | (e) TOTALS  |  |  |  |  |
| 8. Life Span Respite                      |                               | 60,000        | 30,000       | 10,000            | 100,000     |  |  |  |  |
| 9.  |                               |               |              |                   |             |  |  |  |  |
| 10.                                       |                               |               |              |                   |             |  |  |  |  |
| 11.                                       |                               |               |              |                   |             |  |  |  |  |
| 12. <b>TOTALS</b> (sum of lines 8 and 11  | 60,000                        | 30,000        | 10,000       | 100,000           |             |  |  |  |  |
| SE  | CTION D-FORE                  | CASTED CA     | ASH NEEDS    |                   |             |  |  |  |  |
| 13. Federal Total for 1st                 |                               | 1st Quarter   | 2nd Quarter  | 3rd Quarter       | 4th Quarter |  |  |  |  |
|   | 100,000                       | 15,000        | 50,000       | 20,000            | 15,000      |  |  |  |  |
| 14. Non-Federal                           | 33,333                        | 6,000         | 10,000       | 9,000             | 8,333       |  |  |  |  |
| 15. <b>TOTAL</b> (sum of lines 13 and 14) |                               |               |              |                   |             |  |  |  |  |
| SECTION E-BUDGET ESTI                     |                               |               | S NEEDED     | FOR BALANCE       | OF THE      |  |  |  |  |
|   |                               |               |              |                   |             |  |  |  |  |
| ,,  |                               | (b) First     | (c) Second   | (d)               | (e)         |  |  |  |  |
| 16. Life Span Respite                     |                               | 100,000       | 100,000      |                   |             |  |  |  |  |
| 17.                                       |                               |               |              |                   |             |  |  |  |  |
| 18.                                       |                               |               |              |                   |             |  |  |  |  |
| 19.                                       |                               |               |              |                   |             |  |  |  |  |
| 20. TOTALS (sum of lines 16-19)           |                               |               |              |                   |             |  |  |  |  |
| SEC                                       | TION F-OTHER (Attach addition | BUDGET IN     |              | N                 |             |  |  |  |  |
| 21. Direct Charges:                       | ·                             |               | 22. Indirect | Charges:          |             |  |  |  |  |
| 23. Remarks                               |                               |               |              |                   |             |  |  |  |  |

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Standard Form 424A (7-97)

## **Attachment C: Budget Narrative/Justification – Sample Format**

# NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

| Object Class<br>Category | Federal<br>Funds | Non-Federal<br>Cash | Non-Federal<br>In-Kind | TOTAL    | Justification   |          |
|--------------------------|------------------|---------------------|------------------------|----------|---|----------|
| Personnel                | \$47,700         | \$23,554            | \$0                    | \$71,254 | Federal Project Director (name) = .5 FTE @ \$95,401/yr = Non-Fed Cash   | \$47,700 |
|                          |                  |                     |                        |          | Officer Manager (name) = .5FTE @ \$47,108/yr =  | \$23,554 |
|                          |                  |                     |                        |          | Total   | \$71,254 |
| Fringe<br>Benefits       | \$17,482         | \$8,632             | \$0                    | \$26,114 | Federal Fringe on Project Director at 36.65% = \$17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) Non-Fed Cash Fringe on Office Manager at 36.65% = \$8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) |          |

| Object Class<br>Category | Federal<br>Funds | Non-Federal<br>Cash | Non-Federal<br>In-Kind | TOTAL    | Justification   |                |
|--------------------------|------------------|---------------------|------------------------|----------|---|----------------|
| Travel                   | \$4,707          | \$2,940             | \$0                    | \$7,647  | Federal   |                |
|                          |                  |                     |                        |          | Local travel: 6 TA site visits for 1 person                 |                |
|                          |                  |                     |                        |          | Mileage: 6RT @ .585 x 700 miles                             | \$2,457        |
|                          |                  |                     |                        |          | Lodging: 15 days @ \$110/day                                | \$1,650        |
|                          |                  |                     |                        |          | Per Diem: 15 days @ \$40/day                                | <u>\$600</u>   |
|                          |                  |                     |                        |          | Total   | \$4,707        |
|                          |                  |                     |                        |          | Non-Fed Cash  |                |
|                          |                  |                     |                        |          | Travel to National Conference in (Destination) for 3 people |                |
|                          |                  |                     |                        |          | Airfare 1 RT x 3 staff @ \$500                              | \$1,500        |
|                          |                  |                     |                        |          | Lodging: 3 days x 3 staff @ \$120/day                       | \$1,080        |
|                          |                  |                     |                        |          | Per Diem: 3 days x 3 staff @ \$40/day                       | \$360          |
|                          |                  |                     |                        |          | Total   | \$2,940        |
| Equipment                | \$10,000         | \$0                 | \$0                    | \$10,000 | No Equipment requested OR:                                  |                |
|                          |                  |                     |                        |          | Call Center Equipment                                       |                |
|                          |                  |                     |                        |          | Installation =  | \$5,000        |
|                          |                  |                     |                        |          | Phones =  | \$5,000        |
|                          |                  |                     |                        |          | Total   | \$10,000       |
| Supplies                 | \$3,700          | \$5,784             | \$0                    | \$9,484  | Federal   |                |
|                          |                  |                     |                        |          | 2 desks @ \$1,500   | \$3,000        |
|                          |                  |                     |                        |          | 2 chairs @ \$300  | \$600          |
|                          |                  |                     |                        |          | 2 cabinets @ \$200  | \$400          |
|                          |                  |                     |                        |          | Non-Fed Cash  |                |
|                          |                  |                     |                        |          | 2 Laptop computers  | \$3,000        |
|                          |                  |                     |                        |          | Printer cartridges @ \$50/month                             | \$300          |
|                          |                  |                     |                        |          | Consumable supplies (pens, paper, clips etc)                |                |
|                          |                  |                     |                        |          | @ \$182/month   | <u>\$2,184</u> |
|                          |                  |                     |                        |          | Total   | \$9,484        |

| Object Class<br>Category | Federal<br>Funds | Non-Federal<br>Cash | Non-Federal<br>In-Kind | TOTAL     | Justification  |   |
|--------------------------|------------------|---------------------|------------------------|-----------|--|---|
| Contractual              | \$30,171         | \$0                 | \$0                    | \$30,171  | (organization name, purpose of contract and estimated do Contract with AAA to provide respite services:  11 care givers @ \$1,682 = Volunteer Coordinator = Total  If contract details are unknown due to contract yet to be same information listed above and: A detailed evaluation plan and budget will be submitted be contract is made. | \$18,502<br><u>\$11,669</u><br>\$30,171<br>made provide |
| Other                    | \$5,600          | \$0                 | \$5,880                | \$11,480  | Federal  2 consultants @ \$100/hr for 24.5 hours each = Printing 10,000 Brochures @ \$.05 = Local conference registration fee (name conference) = Total In-Kind Volunteers  15 volunteers @ \$8/hr for 49 hours =  | \$4,900<br>\$500<br><u>\$200</u><br>\$5,600             |
| Indirect<br>Charges      | \$20,934         | \$0                 | \$0                    | \$20,934  | 21.5 % of salaries and fringe =  IDC rate is attached.   | \$20,934  |
| TOTAL                    | \$140,294        | \$40,910            | \$5,880                | \$187,084 |  |   |

# **Attachment D: Budget Narrative/Justification** — Sample Template

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

| Federal | Non-    | Non-          | TOTAL                 | Justification         |
|---------|---------|---------------|-----------------------|-----------------------|
| Funds   | Federal | Federal       |                       |                       |
|         | Cash    | In-Kind       |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         |               |                       |                       |
|         |         | Funds Federal | Funds Federal Federal | Funds Federal Federal |

## **Attachment E: Project Work Plan – Sample Template**

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.

| Goal:                         |  |
|-------------------------------|--|
| <b>Measurable Outcome(s):</b> |  |

\* Time Frame (Start/End Dates by Month in Project Cycle)

| <b>Major Objectives</b> | Key Tasks | Lead Person | 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* |
|-------------------------|-----------|-------------|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| 1.                      |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
| 2.                      |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     | _   |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     | _   |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             | 1  |    |    |    |    |    |    |    |    |     | ĺ   |     |

# **Attachment E: Project Work Plan, Page 2 – Sample Template**

Goal:

**Measurable Outcome(s):** 

\* Time Frame (Start/End Dates by Month in Project Cycle)

| <b>Major Objectives</b> | Key Tasks | Lead Person | 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* |
|-------------------------|-----------|-------------|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| 3.                      |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
| 4.                      |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                         |           |             |    |    |    |    |    |    |    |    |    |     |     |     |

## **Attachment E: Project Work Plan, Page 3 – Sample Template**

Goal:

**Measurable Outcome(s):** 

\* Time Frame (Start/End Dates by Month in Project Cycle)

| Major Objectives | Key Tasks | <b>Lead Person</b> | 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* |
|------------------|-----------|--------------------|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| 5.               |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
| 6.               |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |                    |    |    |    |    |    |    |    |    |    |     |     |     |

NOTE: Please do note infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

# Attachment F: Instructions for Completing the Project Summary/Abstract

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

**Goal(s)** – broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

**Objective(s)** – narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how") to attain the goal(s).

**Outcomes** - measurable results of a project. Positive benefits or negative changes, or measurable characteristics that occur as a result of an organization's or program's activities. (Outcomes are the end-point)

**Products** – materials, deliverables.

• A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated outcomes include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.